



MEDICAID / CHIP
PHARMACY PRIOR AUTHORIZATION REQUEST FORM

Platelet Aggregation Inhibitors

Phone: 866-841-7659

Fax back to: 866-240-3712

Jefferson Health Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL DELAY the review process.

Member Name:	Prescriber Name:	
Member ID Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Member Phone Number:	NPI:	PA PROMISe ID:
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Line of Business: <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP	Specialty Pharmacy (if applicable):	
Drug Name:	Strength:	
Quantity:	Refills:	
Directions:		
Diagnosis Code:	Diagnosis:	
<i>Jefferson Health Plans' maximum approval time is 12 months but may be less depending on the criteria..</i>		

Please attach any pertinent medical history including labs and information for this member that may support approval.

Please answer the following questions and sign.

Q1. Is this a request for Zontivity (vorapaxar)?

Yes

No

Q2. Does the patient have a documented history of therapeutic failure, contraindication to, or intolerance of the preferred platelet aggregation inhibitors (e.g., Aggrenox, Brilinta, clopidogrel, dipyridamole tablet, prasugrel)?

Yes

No

Q3. Is Zontivity (vorapaxar) being prescribed for a condition that is United States (US) Food and Drug Administration (FDA) approved or a medically-accepted indication?

Yes

No

Q4. Will the patient be taking Zontivity (vorapaxar) in addition to aspirin and/or clopidogrel?

Yes

No

Q5. Is Zontivity (vorapaxar) being prescribed by or in consultation with a cardiologist or other vascular specialist?

Yes

No



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Q6. Does the patient have any contraindications to Zontivity (vorapaxar)?

Yes

No

Q7. Will the patient be taking any of the following concomitantly with Zontivity: A) anticoagulants, B) chronic nonsteroidal anti-inflammatory drugs (NSAIDs), C) selective serotonin reuptake inhibitors (SSRIs), D) serotonin-norepinephrine reuptake inhibitors (SNRIs)?

Yes

No

Q8. Have any potential drug interactions been addressed by the prescriber?

Yes

No

Q9. Does the patient have severe hepatic impairment?

Yes

No

Q10. Additional Information:

Prescriber Signature

Date

v2026-06